

OFFICE OF THE CHIEF OF POLICE

SPECIAL ORDER NO. 10

March 30, 2007

**SUBJECT: TRAFFIC COLLISION INFORMATION, FORM 04.37.00 AND
TRAFFIC COLLISION INFORMATION - SPANISH, FORM 04.37.01
- REVISED**

PURPOSE: The Traffic Collision Information, Form 04.37.00 and the Traffic Collision Information - Spanish, Form 04.37.01, are used as an information exchange between parties at the scene of a traffic collision, whether a report is taken or not. This Order revises the Traffic Collision Information Form and the Traffic Collision Information - Spanish Form to create a more user-friendly version for both law enforcement personnel and the community.

PROCEDURE:

TRAFFIC COLLISION INFORMATION, FORM 04.37.00 AND TRAFFIC COLLISION INFORMATION - SPANISH, FORM 04.37.01 - REVISED.

The Traffic Collision Information, Form 04.37.00 and Traffic Collision Information - Spanish, Form 04.37.01, are revised as follows:

- * The box to document whether or not a report was taken has been moved to the front of the form;
- * A box requiring the officer's name, division/detail, and serial number has been added;
- * A section instructing parties to contact their insurance companies has been added; and,
- * More detailed instructions on how to obtain a copy of the report have been added.

A. Use of Form. The use of these forms has not changed.

B. Completion. Current completion procedures remain in effect.

C. Distribution. The distribution of these forms remains unchanged.

FORM AVAILABILITY: The Traffic Collision Information, Form 04.37.00, and the Traffic Collision Information - Spanish, Form 04.37.01, will be available for ordering from the Department of General Services, Distribution Center, in about 60 days. Copies of the revised forms are attached for reference.

AMENDMENT: This Order amends Section 5/4.37-01 of the Department Manual.

AUDIT RESPONSIBILITY: The Commanding Officer, Emergency Operations Division, shall monitor compliance with this Order in accordance with Department Manual Section 0/080.30.

WILLIAM J. BRATTON
Chief of Police

Attachments

DISTRIBUTION "A"

LOS ANGELES POLICE DEPARTMENT
TRAFFIC COLLISION INFORMATION

IMPORTANT INFORMATION EXISTS ON THE BACK OF THIS FORM.
YOU ARE RESPONSIBLE FOR INFORMATION CONTAINED ON BOTH SIDES.

04.37.00 (03/07)

<input type="checkbox"/> A LOS ANGELES POLICE DEPARTMENT REPORT IS NOT REQUIRED. NO REPORT WILL BE TAKEN. FOLLOW SECTION A AND B ON BACK.				
<input type="checkbox"/> A LOS ANGELES POLICE DEPARTMENT REPORT HAS BEEN TAKEN. FOLLOW SECTION A AND C ON BACK.				
COLLISION LOCATION		DATE AND TIME OF COLLISION		
DRIVER NAME		INSURANCE COMPANY AND POLICY NUMBER		
DRIVER ADDRESS		CITY	STATE	ZIP
DRIVER'S LICENSE NUMBER		STATE	BIRTHDATE	TELEPHONE
REGISTERED OWNER NAME		<input type="checkbox"/> SAME AS DRIVER		
REGISTERED OWNER ADDRESS		<input type="checkbox"/> SAME AS DRIVER		
INSURANCE COMPANY AND POLICY NUMBER				
CITY		STATE	ZIP	
VEHICLE YEAR AND MAKE	BODY TYPE	COLOR(S)	LICENSE PLATE OR VIN	STATE
VEHICLE DAMAGE	NUMBER INJURED OR KILLED	OFFICER	DIV/DETAIL	SERIAL NO.

SECTION A:

APPLIES TO ALL COLLISIONS

Contact your insurance company for advice. The Los Angeles Police Department cannot give you advice on your insurance company's procedures.

Regardless of fault, California state law **REQUIRES** all drivers of vehicles involved in a collision to complete and submit within 10 days, a Department of Motor Vehicles DMV Form SR-1 if the collision results in: a) injury or death of any person, or b) property damage to any ONE party in excess of \$750. Obtain form DMV SR-1 from the DMV, California Highway Patrol (CHP), or the internet by searching for "SR-1" at the DMV website: <http://www.dmv.ca.gov>.

NOTICE: A Los Angeles Police Department report, if any, WILL NOT satisfy the SR-1 report requirement.
Failure to comply will result in the suspension of your driver license. (CVC 16000, 16004).

SECTION B: APPLIES IF INDICATED ON OTHER SIDE. A Los Angeles Police Department report is not required for non-injury collision.
A report will not be taken.

SECTION C: APPLIES IF INDICATED ON OTHER SIDE. A Los Angeles Police Department report has been taken. Complete copies of the report are available by mail only. Obtain the current cost to search for the report by calling (213) 485-4193. Your request must include the date, time, location of occurrence, names and license plates of all parties involved. Incomplete or unpaid requests will not be processed.
REPORT COPIES ARE NOT AVAILABLE AT POLICE STATIONS.

For complete information and full instructions, call
(213) 485-4193

WWW.LAPDONLINE.ORG

WWW.JOINLAPD.ORG

Los Angeles Police Department
Document Processing Unit
Records and Identification Division
Post Office 30158
Los Angeles, California 90030

Join LAPD: RECRUITMENT INFO: 1-866-444-LAPD

DEPARTAMENTO DE POLICIA DE LOS ANGELES
INFORMACION DE ACCIDENTE DE TRAFICO
04.37.01 (03/07)

AL REVERSO DE ESTA FORMA EXISTE INFORMACION IMPORTANTE.
USTED ES REPOSABLE POR LA INFORMACION CONTENIDA EN LOS DOS LADOS.

<input type="checkbox"/> UN REPORTE DE LA POLICIA DE LOS ANGELES NO ES REQUERIDO. NO SE TOMARA UN REPORTE. PROCEDA A LA SECCION "A" y "B" EN EL REVERSO.			
<input type="checkbox"/> UN REPORTE DE LA POLICIA DE LOS ANGELES HA SIDO TOMADO. PROCEDA A LA SECCION "A" y "C" EN EL REVERSO.			
LUGAR DEL ACCIDENTE		FECHA Y HORA DEL ACCIDENTE	
NOMBRE DEL CONDUCTOR		NOMBRE DE LA ASEGURADORA Y EL NUMERO DE POLIZA	
DOMICILIO DEL CONDUCTOR	CIUDAD	ESTADO	ZONA POSTAL
NUMERO DE LICENCIA DE MANEJO		ESTADO	FECHA DE NACIMIENTO
PROPIETARIO (SEGUN LA REGISTRACION) <input type="checkbox"/> MISMO QUE EL CONDUCTOR		NOMBRE DE LA ASEGURADORA Y EL NUMERO DE POLIZA	
DOMICILIO	<input type="checkbox"/> MISMO QUE EL CONDUCTOR	CIUDAD	ESTADO
AÑO DEL AUTO Y MARCA		MODELO	COLOR(ES)
DAÑOS AL VEHICULO		NUMERO DE LESIONADOS O FALLECIDOS	NOMBRE DEL OFICIAL
			DIVISION/TAREA
			NUMERO DE SERIE

SECCION "A":

APLICABLE A TODA CLASE DE ACCIDENTES

Contacte a su compañía aseguradora para que le aconseje. La Policía de Los Angeles no le puede aconsejar en cuanto a los procedimientos de su compañía de seguro.

Sin importar quién tuvo la culpa, la ley estatal de California requiere a todos los conductores involucrados en un accidente que llenen y sometan en un periodo de 10 dias, una forma SR-1 (del Departamento de Vehículos Motorizados) si la colisión resulta en:
a) lesiones o fallecimiento de personas, o b) en daños materiales a cualquier implicado con exceso de \$750. Obtenga la forma DMV SR-1 por medio del DMV, la Patrulla de Carreteras de California (CHP), o buscando "SR-1" en el sitio web del DMV: <http://www.dmv.ca.gov>.

AVISO: El reporte de la Policía de Los Angeles no satisface el requisito de someter el formulario "SR-1".

La falta de cumplir este requisito resultará en la suspensión de su licencia de manejo. (CVC 16000, 16004)

SECCION "B": APLICABLE SOLOMENTE SI ESTA INDICADO EN EL REVERSO. Un reporte de la Policía de Los Angeles no se requiere para un accidente sin lesiones. No será tomado un reporte.

SECCION "C": APLICABLE SOLOMENTE SI ESTA INDICADO EN EL REVERSO. Se ha tomado un reporte de la Policía de Los Angeles. Las copias completas del reporte están disponibles solamente por correo. Obtenga el costo actual por la búsqueda del reporte llamando al (213) 485-4607. Su petición deberá incluir día, horario, lugar de los hechos, nombres y numero de placas de los implicados. Peticiones incompletas o sin pago no serán procesadas.

LAS ESTACIONES DE POLICIA NO TIENEN COPIAS DISPONIBLES

Para información e instrucciones detalladas, llame al
(213) 485-4193, (para informacion en Español oprima el 1)

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Sea parte del LAPD: Informacion de Reclutamiento: 1-866-444-LAPD